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A STUDY OF INTER-GENERATIONAL
ACTIVITIES IN STRUCTURED
ENVIRONMENTS FOR SENIORS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Raymond Vanek
Sophie Walker


September 1996

A STUDY OF INTER-GENERATIONAL
ACTIVITIES IN STRUCTURED
ENVIRONMENTS FOR SENIORS

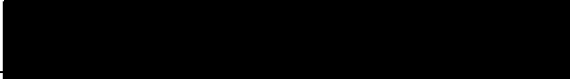
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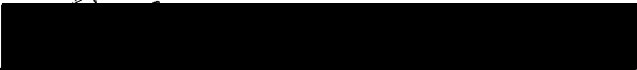
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September 1996

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ABSTRACT

This survey research project explored different factors influencing the desire of seniors living in structured residential centers to have inter-generational activities with children from their communities. Thirty cognitively high-functioning participants were selected by the centers' Activity Director or nurse and completed the twenty-five question survey. The resulting data may be used as a helpful guideline in the experimental implementation of inter-generational activity programs in independent living retirement centers for the elderly.

ACKNOWLEDGEMENT

The researchers wish to acknowledge the faculty of the Department of Social Work at California State University in San Bernardino for their individual and classroom support and encouragement. We also particularly thank Dr. Rosemary McCaslin for her guidance, Angela Schweig for her statistical expertise, Audry Maxson for her editorial advice, Shirley Goldberg (Montclair Royale), and Bruce Cameron (Christian Heritage) who allowed us to come into their residential centers. Without the support and patience of our families this paper would not have been possible.

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INTRODUCTION

Problem Statement

The increase in life expectancy in the United States creates social adjustment issues for more older adults (65+) in areas such as living arrangements, activities of daily living, health concerns, transportation, and financial planning. The number of people age 65 and over, and in particular those over the age of 85, is growing more rapidly than the rest of the population (U.S. Department of Health Services, 1991). Consequently, society is impacted by the needs of mature adults and what goes on with them is important and should be addressed.

This research explored the inter-generational perspective of mental health, alternative social interaction, and the quality of life of mature adults living in retirement centers. Often, despite knowledge and life experiences the older segment of society is put aside by the capitalistic society whose focus is mainly on "productivity." However, older people generally experience good mental health despite negative stereotypes and generalizations such as the belief that memory loss and dysphoria are normal expectations in later life (Dunkle R.E., Norgard N. 1995).

Extended families living together are decreasing and there is less inter-action and communication in the inter-generational family system. Some elderly are isolated and

consequently many of them feel vulnerable, which may cause depression and mental and physical illness. Because aging takes place within a social context, older people's physical health, mental health, and functioning can be dramatically affected by how they feel about growing old and how they are treated by others (Dunkle R. E., Norgard N., 1995). Older adults constitute both the most under-served population group in California's mental health system and the fastest-growing population group in the state (SDHM & CDA, 1991-92).

This research project explored whatever factors such as gender, age, education level, health condition, social interaction, and quality of life encourage the elderly to interact with children. The focus was on the inter-generational perspective of mental health and the quality of life of the elderly. A small percentage of mature adults (65+ years) have limited social interaction. Some of them are expected and encouraged by their families to think about their past, which is the only part of their lives that is valued, or their future, which is defined as life after death (Holosko, M. & Feit, 1991). The objective is to give back a positive social role to the elderly. This might be accomplished by pairing children with seniors in doing activities such as art projects, story telling, sing along, short field trips, etc.

Lawton and Nahemow (1973) explained that in the demand-competence model, the balance between the level of external

stimulation and the sensitivity of the individual should be taken into consideration. Multi-generational interaction may have the potential to have a positive effect on mature adults, such as decreasing isolation, improving a sense of self, and increasing the quality of their lives.

There have been drastic demographic changes in our population known as the "aging of America." Since the 1900's we have added 28 years to the average life expectancy largely due to the eradication of many childhood diseases such as tuberculosis, cholera, and smallpox. With improvements in medical technology, the Census Bureau predicts that there will be more than 35 million Americans over the age of 65 by the turn of the century which will account for nearly one-seventh of the population (Dychtwald & Flower, 1989). Due to the above changes, mental health professionals need to create treatment programs for an increasing number of elderly people. In order to contribute to the evaluation of social work practice, and better understand the needs of the elderly, their personal views must be examined.

Hopefully, the findings of this research will increase the knowledge of social workers and staff members in the geriatric field for alternative inter-generational activities for seniors. This survey could be used as a reference tool upon which a pilot program could be based.

Literature Review

The elderly are often seen as living through a stage of life which is devalued. Being old is perceived as waiting around to die (Tamke, 1978). Despite numerous activities offered in residential centers some elderly people find themselves isolated without having access/contact with younger generations who might give them a sense of purpose and greater fulfillment. Several studies stress that living arrangements remain a significant predictor of morale. The mature adult sees himself/herself as being separate from, although interdependent upon, the surrounding world (Gauthier, F. 1983).

Lyons (1986) stressed that in our current urban society, children and older adults are kept separate, the elderly in retirement homes and the young in day care centers. This is in contrast to the previous generations who lived together, perhaps in a rural setting and in some lower class families in which the old and the young looked after one another and shared customs, traditions, and celebrations. These arrangements were often economically based; nevertheless, inter-generational interaction promoted unity and mutual support. For many young children of today, the only contact they have with grandparents is an occasional phone call or a once-a-year visit (Children Today, 1985). Although approximately 5% of the elderly population live in long-term care facilities, estimates of

the number of people who will spend the latter part of their life in a retirement home is as much as three times higher than five percent (Wingard et al, 1987).

One option for promoting the psychological well-being of elderly in retirement homes is the establishment of intergenerational programs, for example reading or telling stories, or playing games (Perschbacher, 1985). However, in spite of the growing evidence of the benefits to both old and young, agencies in both fields continue to work by themselves without gaining the considerable benefits of uniting the old and the young in activities. Many components of children's attitude toward the elderly have been recorded both before and after contact with them in the classroom. Very little thought appears to have been given to the attitude the elderly may have toward the young. Intergenerational efforts can only be positive if both the elderly and the children have a predominantly positive attitude toward one another (Seefeldt, et al. 1977).

There is some evidence in the literature supporting the assumption that both the elderly and the young do hold a negative attitude toward each other. In general, each group has developed stereotypes of the other, although there is considerably more discussion given to children's attitude than that of the elderly. That the two groups had inaccurate ideas of one another was shown by Higgins & Faunce (1977) in a study of fifth graders and the senior

citizens they surveyed. The youngsters overestimated the amount of time the elderly said they spent sitting and thinking, sleeping, and doing nothing. The older ones underestimated the time which the youngsters reported helping the family, other people, or sitting, thinking, and worrying.

Some of the youth stereotypes come from stories they hear as very young children about the Wicked Witch where the elderly are depicted as ugly, sickly, or dangerous. Programs with different age groups can provide much stimulation to both the children and the institutionalized elderly. It is consistently found, that frequent interaction between the two age groups that fosters a positive attitude increases self-esteem and self-confidence within close relationships (R.A. Kocarnik et al, 1991). On-going programs joining elders and youngsters designed to improve the quality of life of the seniors living in retirement homes are rare (Bell & Powell, 1983). However, Wrenn et al. (1991) reported that California has fourteen community-based agencies which have inter-generational programs.

Negative attitudes toward institutionalized elderly residents such as those reported by Seefeldt (1987) may change when children are given the opportunity to explore the gifts elderly people have to share (Kocarnik & Ponzetti 1991). Pastorello et al. (1987) stated that

institutionalized elderly reported not only less loneliness and depression but feelings of youthfulness subsequent to spending time with preschool children, and the children exhibited an improvement in their attitude toward old people.

These intergenerational activities also provide considerable satisfaction to the elderly. Contact with children helps the elderly to see aging as a time of continued growth and participation in interesting activities. Ninety-five percent of healthy seniors participating in intergenerational activities reported improvement in their feelings of self worth, and twenty percent believed their improved health to be related to the program environment. Broken down to specific benefits they mentioned that the program improved activity and industry, met the elderly's need to belong, to give and receive love, to foster social interaction, and to provide growth experiences (Kocarnik & Ponzetti, 1991).

The same authors state that while occasional contact can provide stimulation and variety, it is consistent, frequent interaction that really fosters a positive attitude in both the young and the elderly. However, in another article previously mentioned, Higgins & Faunce (1977) reported that in general the young and the elderly had a positive attitude toward one another "despite the amount of contact with one another."

Seefeldt (1982) mentions a "circular relationship" in which the adult attitude is mirrored in children who are very sensitive to adult beliefs and values. A positive adult attitude toward minority groups is readily internalized by the young child especially if the adult and the child have a pleasant relationship. Obviously the results will be increased racial prejudice should negative attitudes and relationships exist. Thus, these attitudes are very critical in planning intergenerational programs.

"A premise underlying all programs that bring the young and the old together is that contact between the generations will lead to more of a positive attitude only if they discover similarities as the result of the contact" (Chapman & Neal, 1990). Contact is most likely to result in a positive attitude change when the two groups are of equal socioeconomic status, when the social climate encourages group contact, and when the activities of the elderly and the young are important to each one.

However, Amir (1969) points out very negative results have occurred when certain interracial contacts were not very carefully chosen. It must be noted that when he wrote in 1969, interracial tensions were different than today. In California, particularly where there is more interracial contact, there may be a positive relationship to further break down prejudice for both groups.

Seefeldt et al. (1982) reported that generally most

elderly have positive feelings regarding young children. They describe them as eager to learn, innocent, curious, and inquisitive. Some points emerged from their research indicating that factors influencing the elder's views included their own education and experience. Those who had attended college showed more interest than those who had not. Also, those who had grandchildren under the age of 11 were more positive than those who had no recent experience with young children. The more frequent their contact with children, whether related or not, the more positive were their responses to them. Those who had contact with children only once a year were the least positive regarding working with them. Some of the elderly didn't "want to do anything" with children over eleven although most preferred those over five.

The elderly found children good company on trips to zoos, museums, and sporting events "because children were eager to learn and they had much to teach." Passive activities such as playing cards and board games were most frequently named. Few mentioned the more active pursuits such as swimming, playing ball, or dancing. In conclusion, Seefeldt et al. (1982) considered the elderly had a more positive attitude toward the children than vice versa. They observed that universally the elderly wished to be with children on their own terms and that the "time and place should be controlled by them, the adults." No other author

reviewed had mentioned that attitude.

Wrenn et al. (1991) stated that studies of intergenerational programs have been neglected in the social work literature. The intergenerational movement focuses on the needs of both children and the elderly. Generally children have little experience with the elderly and studies indicate that school-age children have a negative stereotype of aging people. Another argument is that elders have much to teach and to share with the children. The alienation felt by many elders may be reduced and cultural continuity alone would be a major gain.

In the course of intergenerational programs, both the elderly and the children may suffer a loss due to detachment or death. Consequently, coordination of programs which are completely dependent upon volunteers can be difficult because consistency and continuity of important relationships may be affected. However, intergenerational programs can provide benefit to both the elderly and the children and such programming should be further explored by social workers.

RESEARCH DESIGN AND METHOD

Purpose of the Study

The population studied was older adults living in a supervised environment, e.g., assisted living, residential centers. The purpose of the study was to explore and

discover what factors (for mature adults living in a structured environment) influenced their desire to have an intergenerational interaction with youngsters (3-16 years old).

The objective of this study was to find out what elderly people think about being paired with youngsters from the community to do a variety of activities together as part of a learning and exchange process. The question for the research was: What factors would influence an elder person's decision to engage in activities with children? The research design of this one-time only exploratory survey followed the positivist paradigm. The reason for this exploratory research was that little has been written on the factors influencing the elderly to become involved with children. Due to the age of the participants and their living arrangements, a quantitative, close-ended instrument was used.

Because of different cognitive abilities, health problems, age, and place of residence of the studied group, the selection was based on a convenience sample including only those individuals who wish to take part in the survey by sharing their perceptions about interacting with a younger generation. By keeping the survey local and having had face-to-face contact (researchers and respondents) all of the questionnaires were distributed and answered for data compilation.

The weaknesses of the survey were based on the limited pool of participants, their gender (more women than men), and the non-random sample. The researchers stressed to the participants the importance of their thoughtful response and full completion of the data needed for the study in an effort to obtain accurate and relevant information. The data obtained from the questionnaires might lead to the implementation of a program which would be based on the interaction of youngsters and mature adults. The survey instrument's strength was that it was completed face to face, and by employing a positivist design, the survey compared the significance of the variables, one to another, and determined any relationship between them.

DATA COLLECTION AND INSTRUMENTS

Procedure

The student researchers developed a questionnaire with close-ended questions used as the data collection instrument. Each of the two participating agencies submitted written permission to use voluntary subjects as research participants (see Appendix A).

The data gathering was conducted as a one-time only survey. The participants were asked to read the instructions and complete the questionnaires, which took approximately 35 minutes. The researchers helped the participants to complete the questionnaires on a one-on-one

basis. The survey was stored and analyzed at the residence of one of the researchers.

Protection of Human Subjects

This one-time only survey was given with written instructions to cognitively competent and willing participants. They were asked to complete the survey on a voluntary basis. The questionnaire did not ask the participants to evaluate their financial situation, activities programs, the organization of the establishment, nor information that could compromise their current situation.

To maintain the confidentiality and anonymity of the human subjects, personal names were omitted from the completed questionnaires. A document labeled "Informed Consent" (see Appendix B) was on the front page of the survey. It described the purposes, procedures, risks, and benefits of participation in the study, and requested the signature of the respondent as giving his/her consent to participate, and as designating his/her understanding of the purposes, procedures, risks, and benefits of participation. To assure anonymity, the completed questionnaires were placed in an envelop by the researchers and were separated from the signed informed consent forms. The questionnaires were kept in a separate file in the researcher's home.

The research participants were given a debriefing

statement (see Appendix C) and a telephone number to contact someone regarding information about the project, or if there was a need to talk about any troubling aspect of the survey. There were no known risks to subjects as a result of completing this questionnaire.

Instrument

A survey response questionnaire was used to explore the research question. It consisted of 25 questions with close-ended answers.

Variables included demographic information on age, gender, ethnicity, education, marital status, number of children, date of retirement, whether presently living with spouse or other, years in the retirement home, most time spent with whom, and times per week this person is seen. Other information such as personal perceptions of influencing factors, was also obtained. These were: How would you rate your overall health at the present time? Do you have any of the following problems: hearing, vision, memory or mobility loss? Have you recently (within the past 2-3 months) felt any of the following: depression, anxiety, loneliness, anger, fear, or resentment. To what extent would your present health problems interfere with activities with children (art projects, storytelling, playing games)? How many hours per week do you spend time with children? If you were to have activities with children, what age group

would you prefer? Ages: 1-3 years, 4-7 years, 8-11 years, 12-15 years, and 16-18 years. How would being involved in organized activities with children affect your life: would improve my life, would improve the children's lives, don't know, or other. Is getting emotionally attached to the children one of your concerns? If so, would that stop you from being involved with them? Do you think that mature adults and children should have more contact with one another? Do you feel appreciated by today's society? Would your life experience and wisdom have a positive effect on a child's life?

There were also three dependent variables: Do you ever spend time with children? Would you like to have activities with children such as story telling, picnics, etc.? How interested would you be in sharing stories and having activities at your residence with children from your community?

DATA ANALYSIS

Results

The data was statistically analyzed using SPSS computer program. Demographic data provided nominal variables which were used to generate univariate statistics in the form of frequency tables. From these, valid percentages were obtained. Ordinal variables were obtained by ranking information such as the degree of their health and the

degree of their disabilities as possible interference in activities with children. These ordinal variables were grouped and treated in the same way as nominal variables. Appropriate measures of central tendency, such as mean, median, and mode, were calculated on particular variables. Other measurements of variability obtained from these univariate statistics included minimum and maximum values and the range of values.

A bivariate analysis was also conducted on the questionnaire responses. Cross tabulations were used in evaluating the pattern or relationship between the different variables, and tested by the use of the chi square. This nonparametric test was run comparing the three dependent variables against each other and against each independent variable (numbering 28). These excluded the other 11 independent variables which comprised the demographic data. They were also run individually against the three dependent variables. which were all previously mentioned under the Instrument section.

Findings

Results: A profile of the 30 retirement home residents

Age: The 30 respondents who filled out our survey questionnaire ranged in age from 65 to 96 years with a mean age of 82 years and a median age of 83 years. Ten percent (N=3) of the respondents were in their sixties, 23% (N=7) in

their seventies, 47% (N=14) in their eighties, and 20% (N=6) in their nineties.

Gender: Seventeen percent of the respondents (N=5) were male and 83% (N=25) were female.

Ethnicity: Caucasians represented 93% (N=28) while Native American and Hispanics each represented 3% (N=1) of the participants.

Education: The educational level of our 30 respondents ranged from eighth grade through graduate school with a mean of grade 13 or the first year of college. The median and the mode were alike at the 12th grade level. Fifty percent (N=17) of the respondents had finished high school. A full 40% (N=12) had completed one or more years of college, and 3% (N=1) had gone on to graduate school.

Marital Status: Thirteen percent (N=4) of the thirty participants who responded are currently married, seven percent (N=2) have never married, and 13% (N=4) were divorced or separated. There were 67% (N=20) who reported their spouse was deceased. It was interesting to note that no one reported living with "a significant other."

Number of Children: The number of offspring of the thirty respondents ranged from none to four. The mean, the median, and the mode represented 2 children each. Twenty percent (N=6) stated that they had no children and 17% (N=5) mentioned having just 1 child. Thirty-seven percent (N=11) had 2 and 17% (N=5) had 3 children while 10% (N=3) had 4

children.

Date of Retirement: Only twenty-two individuals responded to this question, and the dates of retirement ranged from 1957 (38 years ago) to 1994 (2 years ago). The mean year of retirement was 1973 and the median was 1974 or 23 and 22 years ago respectively. Five percent (N=1) retired during the 1950's, 14% (N=3) retired in the 1960's, 36% (N=8) in the 1970's, and 14% (N=3) retired in the 1980's or 1990's.

Presently Living with Spouse or Other: The majority 83% (N=25) reported living alone in the retirement home while only 17% (N=5) mentioned living with spouse or someone else.

Years in Retirement Home: The thirty who responded reported that their years in the retirement home ranged from 1 to 14 years. There was a mean of 4 years, a median of 3, and a mode of 1 year. The largest group was 77% (N=23) who had been in retirement living less than 5 years. Of these, 37% (N=11) had been there only 1 year. Another 23% (N=7) lived in a retirement home 5-14 years.

Most Time Spent with Whom: When asked who they spent most of their time with, 80% (N=24) indicated friends or family, while 20% (N=6) indicated "none" or "other." Also, when asked how many times a week they saw this person, 73% (N=22) mentioned every day, while 27% (N=8) reported four times a week or less.

Health: To the question how they would rate their overall health condition at present, 86% (N=26) considered it to be "fair" to "good." However, the "poor" and the "excellent" categories each represented 7% (N=2) of the 30 respondents. When the health category was broken down to current, specific problems, 37% (N=11) admitted to a loss of hearing while 63% (N=19) denied any loss. Similarly, under the category of vision problems, 43% (N=13) admitted to some impairment while 57% (N=19) said they had none. Forty percent (N=12) felt they had some degree of memory loss although 60% (N=19) had not observed any at the present time. Another category under their general health referred to their loss of mobility such as difficulty walking or trouble using their hands. Sixty percent (N=24) admitted they had some degree of impairment, but 20% (N=6) said they had none.

In addition to identifying the above disabilities, each respondent was asked to identify the extent of interference these problems could have on art projects or games with children. Forty-seven percent (N=14) commented no interference, but 43% (N=13) answered "somewhat." Ten percent (N=3) responded to very much interference.

Feelings: It was also thought important to consider the respondents' mood at the time. The question was, within the past 2-3 months, have you felt any of the following: depressed, anxious, lonely, angry, fearful, or resentful.

The findings were: 30% (N=9) reported feeling depressed, which leaves 70% (N=21) with no depression. Twenty-seven percent (N=8) reported feeling anxious, but 73% (N=22) did not. Those who felt lonely represented 33% (N=10) but 67% (N=20) expressed no loneliness. Twenty-three percent (N=7) checked being angry, and 77% (N=23) were not. Fearfulness was noted by 20% (N=6) yet 80% (N=24) reported feeling unafraid. Finally, 13% (N=4) noted resentment, leaving 87% (N=26) who did not feel this emotion.

Time Spent with Children: The question was "do you spend time with children, and if so, how much?" We were interested to learn what contact our respondents were currently having with children and the extent of that contact. Most of our groups, 67% (N=20) reported no contact at all. Only 33%, or 10 people, reported any association with children. Of these ten people, 30% (N=3) saw them between three to ten hours per week while the majority, 70% (N=7) spent less than two hours during that same time period.

Activities with Children: The questionnaire suggested activities such as story-telling and picnics, and 29 residents responded. Of these, 66% (N=19) expressed an interest; the remaining 34% (N=10) were not interested.

The majority of the 30 respondents, 60% (N=18) preferred activities with children ranging from 4-7 years of age. However, 40% (N=12) showed no interest. The age group

12-15 was the least chosen with only 7% (N=2) who were willing to be involved, compared to 93% (N=28) who did not show an interest.

Later two groups, ages 1-3 and 3-7, were recoded and combined. It became apparent that 63% (N=19) preferred this combined group with 37% (N=11) declining. Three other groups, ages 8-11, 12-15, and 16-18 years were also recoded and combined. With these youngsters ages 8 through 18 years, only 27% (N=8) of the 30 volunteers agreed to be involved. The rest, 73% (N=22) had objections.

Activities with Children: Effect on Respondents' Life:

Most of our respondents, 55% (N=16) felt that activities with children would have a positive effect on their own lives. Thirteen percent (N=4) were not sure, and 31% thought that activities with children would have no effect on their own lives. The above category and the one to follow were given to determine the consistency of the responses and were analyzed in much the same way. It can be noticed that the answers on the two categories were basically consistent. The question was "What impact do you think your participation in activities would have?" It was followed by four potential independent variables: it would improve the participant's life, would improve the children's life, don't know, and other. These were recoded and combined into two variables.

Note: Before combining the variables, 63% (N=19) of the

respondents reported that the children's lives would be improved, but 37% (N=11) felt it would make no difference. Sixty-seven percent (N=20) felt the adult's lives would be improved and 33% (N=10) thought it would make no difference. However, seventy-three percent (N=22) said it would improve their lives or the children's lives; only 27% (N=8) responded "didn't know" or "other."

Concern Regarding Emotional Attachment with Children:

Most respondents, 80% (N=24) replied they weren't concerned; twenty percent (N=6) felt that attachment might be a problem. Part B of the same question asked if being attached emotionally with children would stop them from volunteering, and all six said it would not.

Contact between Mature Adults and Children: Ninety-three percent (N=28) felt there should be more contact between adults and children although 7% (N=2) disagreed.

I Feel Appreciated by Today's Society: The variables were evaluated on a Likert scale of agreement with the above statement. Fifty percent (N=15) agreed or strongly agreed that they were appreciated, while 23% (N=7) "didn't agree" or "strongly disagreed;" 27% (N=8) didn't know.

Wisdom and Experience Have Positive Effect on Children: Seven percent (N=21) agreed or strongly agreed to the positive effect, and 30% (N=5) did not know. None, however, disagreed.

Respondent's Interest in Children Sharing Activities in Retirement Home: The variables show the degree of interest with 33% (N=13) being enthusiastically in favor, and 37% (N=11) being somewhat interested. However, 20% (N=6) had no interest at all in sharing activities with children.

The survey results were recoded to allow for the examination of three dependent variables and 28 independent variables. Eleven demographic variables had been examined separately. The three dependent variables were extrapolated from three survey questions: (1) "Do you ever spend time with children?" (2) "Would you like to have activities with children such as story telling and picnics?" (3) How interested would you be to share stories and activities at your residence with children from your community?" These variables were cross-tabulated and revealed several statistically significant relationships.

Examination of Dependent Variables

Dependent Variable One: It examined the question "Do you ever spend time with children?" There were some statistically significant associations between this dependent variable and the children's ages which was the first independent variable. The children's ages were recoded into two groups. Sixty-three percent (N=19) of the respondents said they would like to spend time with children ages 1-7 years, while 37% (N=11) said they would not. The

X^2 value was 4.59 ($p < .03$, d.f.=1), and the other independent age group 8-18 years, was statistically insignificant with an X^2 value of .34 ($p > .08$, d.f.=1). The second statistically significant independent variable asked the respondents if they thought their wisdom and experience would have a positive effect on the children's lives and would this impact on their own willingness to spend time with them. Seventy percent ($N=21$) agreed that their wisdom and experience would not only have a positive impact on the children's lives but would also prompt them to spend time with the children. Thirty percent ($N=9$) said it would not; the X^2 value was 5.96 ($p < .05$, d.f.=2).

The third statistically significant independent variable asked if the respondents thought an improvement in their lives or of the children's lives would impact on their willingness to spend time with them. Answers to questions phrased both positively and negatively revealed symmetric consistencies i.e., those who answered "yes" on one question also answered "no" to the other. A good majority, 73% ($N=22$) of the positive responses and 77% ($N=23$) of the negative, stated that improvements in the participant's lives or the children's lives would prompt them to spend time with children. Twenty-seven percent ($N=8$) of the positive responses and 23% ($N=7$) of the other one stated that life improvement for themselves, or for the children

would not be an incentive to spend time with them. For the positive group X^2 value was 5.45 ($p < .02$, d.f.=1) and for the negative group X^2 value was 4.57 ($p < .03$, d.f.=1).

When the seniors were asked if an improvement in their own lives would prompt them to spend time with children, 67% (N=20) said it would; however, 33% (N=10) disagreed. It is interesting to note that 63% (N=19) stated that an improvement in the children's lives would be an incentive to spend time with them, and 37% (N=11) said it would not. For the group that said improvement in their own lives would prompt them to spend time with children X^2 value was 3.68 ($p < .06$, d.f.=1). For the group who said that improvement in the children's lives would be an incentive to spend time with them X^2 value was 4.59 ($p < .03$, d.f.=1).

Dependent Variable Two: This variable examined the question "Would you like to have activities with children such as storytelling, picnics, etc?" The first significant independent variable was the children's ages which was recoded into two groups. Sixty-six percent of the participants (N=19) stated they would enjoy activities with children ranging from 1-7 years of age. By contrast, 35% (N=10) stated they would not be interested in that age group. In response to activities with children ranging from 8-18, 24% (N=7) would enjoy this age group while 76% (N=22) would not. For the 1-7 age group X^2 value was 8.52 ($p < .004$, d.f.=1); for the 8-18 age group X^2 value was 4.86

($p < .03$, d.f.=1).

The second statistically significant independent variable asked the respondent if they thought that mature adults and children should have more contact with one another. If so, would this impact on their willingness to have activities with children. A resounding 93% (N=27) agreed that mature adults and children should not only have more contact with one another, but they felt this contact would also influence them to have it in the form of storytelling, picnics, etc. However, seven percent (N=2) disagree; this independent variable had a χ^2 value of 4.08 ($p < .04$, d.f.=1).

The third statistically significant independent variable was broken down into separate questions asking the respondents if they had felt depressed, anxious, lonely, angry, fearful, or resentful within the past two to three months. Out of these six separate emotions, feelings of anger and resentment were the only independent variables which had any statistically significant relationship to the dependent variable. The respondents who had been angry in the past three months 21% (N=6) seemingly wished to have activities with children in the form of storytelling, picnics, etc. However, those who had not felt angry during that time 79% (N=23) seemed to want to have this contact also. For the group who had feelings of anger, χ^2 value was 3.47 ($p < .06$, d.f.=1). Those respondents feeling resentful

reported similar feelings; 14% (N=4) who felt resentful in the past two to three months wished to have activities with children. Eighty-six percent (N=25) who did not feel any resentment were willing to have contact. For those who had feelings of resentment, χ^2 value was 3.37 ($p < .07$, d.f.=1).

The fourth statistically significant independent variable asked the question whether the participants thought an improvement in their lives or the children's lives would impact their willingness to be with them. Answers to questions phrased both positively and negatively revealed symmetric consistencies, i.e., those who answered "yes" to one question also answered "no" to the other. A majority, 72% (N=21) of the positive group, and 76% (N=22) of the opposite or negative group, stated that improvement in participant's lives would prompt them to pursue activities with children. Twenty-eight percent (N=8) of the positive group and 24% (N=7) of the negative group stated that life improvement would not be an incentive to work with children. From the improvement or positive group χ^2 value was 8.03 ($p < .005$, d.f.=1) and for the lack of improvement or negative group χ^2 value was 5.58 ($p < .02$, d.f.=1).

When asked if an improvement in their own lives would prompt the respondents to work with children, 66% (N=19) indicated it would, and 34% (N=10) disagreed. Remarkably equal numbers stated that improvement in the children's lives would be an incentive to the interaction. For the

group who said it would improve their own lives, X^2 value was 14.00 ($p < .0002$, d.f.=1), for the other group that felt it would improve children's lives X^2 value was 8.52 ($p < .004$, d.f.=1).

The fifth statistically significant independent variable inquired of the respondents whether they feared getting emotionally attached to children, and, if so, would this impact on their willingness to have activities. Twenty-one percent ($N=6$) mentioned that emotional attachment was a concern of theirs and would affect their decision to get involved with children. On the other hand, 79% ($N=23$) were not concerned. Of the group fearing emotional attachment with children X^2 value was 3.98 ($p < .05$, d.f.=1).

A sixth statistically significant independent variable followed the previous question: (1) those who felt that emotional attachment was one of their concerns and (2) would that stop them from being involved with children. Twenty-four percent ($N=7$) of our respondents answered that fears of emotional attachment would not stop them from having activities with children. These same respondents also seemed to feel that they would like to have activities with children. However, some of the group felt that emotional children, X^2 value was 4.86 ($p < .03$, d.f.=1).

Dependent Variable Three: This variable examined the question "How interested would you be to share stories and

do activities at your residence with children from your community?" There were some statistically significant associations between the dependent variables and the independent variables; the first being the gender of the respondents. Seventeen percent (N=5) of the participants, the total number of all males in the survey, were not interested in sharing stories and having activities at their residence. Yet 43% (N=13) of the women wished to have activities and 40% (N=12) did not. For gender the X^2 value was 4.59 ($p < .03$, d.f.=1).

The second statistically significant independent variable asked the respondents "What age group would you prefer to work with?" Sixty-three percent (N=19) said they preferred the age group 1-7 years. Thirty-seven percent (N=11) said they did not want to work with this age group. Although when asked if they would like to have activities with this age group at their residence, only 43% (N=13) said they would. For the age group 1-7 years, X^2 value was 4.47 ($p < .03$, d.f.=1).

The third statistically significant independent variable asked the respondents if they thought an improvement in their lives or that of the children would impact on their willingness to share stories and have activities at their residence with children. The answers to the question phrased both positively and negatively revealed close consistencies. Those who answered "yes" to one

question also answered "no" to the other one. A majority 73% (N=22) of the positive and 77% (N=23) of the negative stated that improvements in their lives or that of the children's lives would prompt them to have activities at their residence. Respectively, 27% (N=7) would not. For the children's lives, χ^2 value was 4.22 ($p < .04$, d.f.=1). For the group which said the association would not improve their lives or the children's lives, χ^2 value was 3.14 ($p < .08$, d.f.=1).

Then the question was broken down into separate independent variables and cross-tabulated with the dependent variable. "How interested would you be in sharing stories and doing activities at your residence with children from your community?" seemed to be the only one to have any significant statistical relationship. Out of 43% (N=13) who wished to share stories and activities at their residence with children from the community, 12 of them felt it would improve their lives. By contrast, 33% (N=10) did not feel that participation in story-telling and activities would improve their lives, and all but one chose not to do so. For this group who said their lives would be improved, χ^2 value was 6.79 ($p > .009$, d.f.=1).

The fourth statistically significant independent variable asked "How would you rate your over-all health condition at this time?" In cross-tabulating this independent variable with our three dependent ones, we

discovered that only one of them showed any statistically significant relationship. That one asked "How interested would you be in sharing stories and having activities at your residence with children from your community?" Out of 43% (N=13) nine of the respondents who wished to share stories and have activities with children reported that their health was fair-to-poor. Four of them had good-to-excellent health. Fifty-seven percent (N=17) of those did not wish to share stories or have activities with children. Eleven of these stated that they had good-to-excellent health and six reported having fair-to-poor health. This group had an X^2 value of 3.39 ($p < .07$, d.f.=1).

The independent variables listed in Table 1 seemingly have no statistical relationship to any of the three dependent variables. Since the statistical relevance for this study was set at $p < .08$, the following list does not represent values of statistical relevance ($p > .09$).

Table 1. List of Independent Variables Not Statistically Related to the Independent Variables.

1. Age of respondent
 2. Ethnicity
 3. Educational level
 4. Marital status
 5. Number of children
 6. Years of retirement
 7. Present living arrangements
 8. Years in retirement home
 - 9a. Most time spent with whom
 - 9b. Number of times seen? week
 - 10a. Health problem, hearing
 - 10b. Health problem, vision
 - 10c. Health problem, mobility
 - 11a. Felt depressed within past 3 mo.
 - 11b. Felt anxious within past 3 mo.
 - 11c. Felt lonely within past 3 mo.
 - 11d. Felt fearful within past 3 mo.
 12. Extent of present health problems might interfere with activities such as art, story telling, and games
 13. Hours spent with children/week
 14. Extent of perceived appreciation by today's society
-
-

The answer to the question "What impact do you think your participation in activities would have?" was broken down into four possible choices. Two of the four have been discussed, the other two, don't know and another, although statistically significant were not possible to interpret. If another study was to be done, there should be better clarification of the choices "don't know" and "another."

The question "How would being involved in organized activities with children affect your life?" was cross-tabulated with the dependent variable "Would you like to have activities with children such as story telling, picnics, etc.?" The X^2 of 18.83 ($p < .00008$, d.f.=2) appeared to be an anomaly with a statistical significant relationship so great and out of range of the previous values that it was omitted. In future studies, the statistical relevance of these two questions should also be explored in greater depth.

DISCUSSION

Implications for Research and Practice

In recent years the concept that mutual benefit can result from intergenerational activities has been discussed in school settings and many social agencies. Some programs have been initiated to bring children and the elderly together and many others are still in the planning stage.

Because the attitude of each group plays such a vital

role in their adjustment to the other, it is important to look very closely at them. The most extensive study we reviewed relative to attitude was conducted by Carol Seefeldt and associates in 1982. She reported that much more had been written regarding the feelings of children toward the elderly in comparison to the elderly toward the children. Throughout this discussion there will be a number of comparisons between our study and hers.

Seefeldt's study was more general, and delineated the attitude of the elderly toward children while ours probed the attitude/factors of the elderly which might influence them to work with children. Again, Seefeldt's study encompassed a nationwide survey of 1,000 respondents from 200 area Agencies on Aging, whereas our study included a mere 30 respondents from two local retirement homes.

Seefeldt reported that the majority of the respondents to her study were female, and our study also showed a majority of the participants were women (83%). One reason for the greater number of females is their greater life expectancy.

Gender appears to be a factor as seen in our study of those who wish to work with children, as 13 of the 25 respondents who wished to have activity with children at their retirement home were women. However, of the five males who participated in the study, none wished to have activities with children. With such a small sample, one cannot assume

it to be indicative of a whole population. It does indicate the need for a more in-depth study with a greater number of male respondents. It should be noted that if this trend carries through, those setting up intergenerational programs could doubtless anticipate a more positive response from women than from men.

Both studies demonstrated a preponderance of Caucasian respondents. Amir (1969) gives a note of caution in instances of interracial activities. However, if the relationship is a pleasant one, the generations can learn from each other and perhaps become more culturally aware. It is believed that children can sense a verbal or non-verbal attitude of an adult toward him/her. In future studies, the questionnaire which the elderly fill out could help to indicate if any racial biases exist and possible prevent problems in a racially mixed program.

In each study, the relationship between education levels and attitude toward children was evaluated. Seefeldt's study showed that the elderly who had attended some college or had completed it felt more positive toward children. In our study of 30 respondents we asked the question, "Do you think that mature adults and children should have more contact with one another?" Out of this group it was interesting to note that 93% felt there should be more contact. Of these, 54% had a high school education and 46% had some college or beyond. However, the two

persons who chose not to have contact with children were high school graduates or less, and their number was too small to be considered relevant.

In our study, it was anticipated that we would see a positive statistically significant relationship between the persons who had children of their own and those who chose to have activities with them in the retirement homes. However, no significant relationship was found in this population.

Seefeldt's study encompassed only children ages 1-11 while ours was extended to age 18 years. In her study the majority preferred children over age 5, and our majority (60%) chose approximately the same group ages 4-7 years.

Another interesting finding in our study involved the second largest group of respondents who picked ages 1-3 years. In order to complete more of the cross-tables, we combined age groups 1-3 and 4-7. This combination showed that 63% (N=19) of the respondents said they would like to spend time with children.

Of the ten respondents who actually spent time with children, nine preferred doing so with this 1-7 year age group. Apparently the elderly perceived that this younger age group was easier to work with. Of the 11 respondents who did not want to be with age group 1-7, ten of them had spent no time with children.

Interest in age group 1-7 years was also found to be statistically significant. Out of 43% (N=13) of our

respondents who would be interested in sharing stories and activities at the retirement home with children in the community, 11 of them wished to work with children ages 1-7 and only two wished to work with another age group.

Another dependent variable asked the question "Would you like to have activities with children such as story telling, picnics, etc?" This more general question did not specify activities within the retirement home. It was found to be significant because out of the 19 respondents who were agreeable, 16 of them wished to work with the same 1-7 age group. Only three preferred another age group.

The reverse was found in age group 8-18. Out of 19 respondents who liked to work with kids, only 7 wished to be involved with this older group. Twelve of them stated they would not. It is interesting to note from our study that age group 1-7 seemed to be interrelated with all three of our dependent variables.

Seefeldt's study found that attitude toward children seemed to be closely related with the elderly person's background and experience with them. Our questionnaire didn't specifically probe the present past experience of our respondents with children. However, since the majority of our group preferred ages 1-7, one could speculate that our respondents most likely now have or have had more experience with this particular age group than with any other, or may just be afraid of older age groups.

In future studies it would be beneficial to include the elderly person's past and present experience with the different age groups to determine if there is any relationship between experience and preference. These findings would then be helpful to social workers planning intergenerational programs.

The health of the respondents was also thought to be a possible factor determining whether or not the elderly would wish to spend time with children. Another dependent variable involved having activities with children at their retirement home, and the third was just engaging in activities with children in general. Considering the statistics previously mentioned in the Result Section of this paper, there seems to be little relationship between the elders' perceived health problems and time spent with children. There also seemed to be little relationship between their health problems and their willingness to have story telling or picnic activities with children. This lack of a statistical relationship was even extended to include specific health problems such as memory, hearing, mobility or loss of vision. In all these cases, there was, however, a statistically significant relationship between health problems and their being willing to share stories and activities at the retirement home.

One reason for this could be that the elderly people in our study who were in poor-to-fair health found it more

difficult to get out to meet children in the community than those in good-to-excellent health. They could have felt more isolated and lonely with fewer contacts. Obviously they would then be more eager to have children visit them.

A larger number of respondents would be required to produce a valid statistical conclusion. However, health problems of the elderly should be considered as an important factor by anyone planning activities between this population and children.

As previously mentioned, our study showed a positive relationship between our respondents' belief that their own health or the well-being of the children was a factor in their deciding (1) to spent time with children, (2) to have activities with children such as story telling and picnics, or (3) to have activities an stories with children within the retirement home. The respondents were more willing to have activities with children because they believed that their contact was beneficial to the youngsters and to themselves.

When setting up programs in retirement homes, the management and social workers might well select activities which the elderly would perceive as beneficial to both groups. Another similar question asked the respondents if they felt that their wisdom and life experience would have a positive effect on a child's life. We cross-tabulated this question with one asking if they did spend time with

children. On a Likert scale seven "strongly agreed" and of these, five had actually spent time with children. But of the 14 who simply "agreed" that their life experiences would have a positive effect on a child's life, only three had actually spent time with them and 11 had not. This might be interpreted that the more positive a person's feelings are, the more enthusiastic they would be in following through.

Of emotional states studied, only two (anger and resentment) had any noteworthy statistical relationship with the dependent variables. A larger number of respondents who felt no recent anger, reported that they would like to work with children. Likewise, those who had no feelings of resentment, said they would enjoy having activities with youngsters.

It would be a good idea for anyone planning intergenerational activities to set up a questionnaire as a barometer to indicate negative emotions in the elderly. As Seefeldt (1982) pointed out, children readily discern adult emotions toward them and often respond in kind. The result could become the exact opposite to the positive, mutually-beneficial relationship which was desired. Fortunately, as our study seemed to indicate, of the elderly who felt anger or resentment few had any desire to work with children.

An emotional attachment to the children was a concern of about six of the respondents. However, all six reported that they wished to have activities with them. On a follow-

up question they were asked if this concern would stop them from choosing these activities with children, and all six said "no." Because these questions were not given on a Likert scale, the intensity of their concern could not be accurately assessed. This possible inconsistency might then be explained if their concern was "mild" and thus easily overridden by their stronger desire to share stories or have picnics with the youngsters. Within the retirement home population, emotional attachment appears to have little influence on the respondents' attitude toward having activities with children.

Of the 29 who responded to the question "Do you think that mature adults and children should have more contact with one another?" 95% answered affirmatively. This agrees with Seefeldt's findings and her conclusion that the elderly do "value children and respect their rights." It is estimated that 100,00 older people work as volunteers in classrooms, day care centers, recreational programs, and school libraries. With this increased positive contact, some of the stereotypical attitudes children may have toward old people can change. Hopefully, an association mutually beneficial to old and young alike will emerge (Seefeldt, 1982).

One shortcoming of this study is the limited number of respondents who were chosen from only two retirement homes which didn't allow for the diversity which would be observed

had they been chosen from a broader socioeconomic arena. Also, due to the small sample size and the fact that most statistical calculations yielded less than the expected frequency, the results of this study cannot be said to be representative of all the population living in retirement homes.

Another aspect to consider was that the respondents were chosen by the staff, being mainly selected for their cognitive skills, their ability to understand, and to fill out the questionnaire with the least amount of assistance. This may have skewed the answers by omitting those less physically active, but who may have had valuable insights. However, in her more randomly selected respondents, Seefeldt mentioned that they had to discard over 150 Questionnaires because they were incomplete, inaccurate, or returned too late. However, while distributing the questionnaires we remained in the room and were available to clarify the meaning of the material and thus prevented some inaccuracies. At the close of the session, we were able to pick up the papers to insure that each one was returned.

An additional limitation of this study was the time constraint which made it difficult to access the respondents without interfering with the routine of the retirement homes. We also felt the need for a longer period of time to gather data for this exploratory type of study.

A significant shortcoming of this study was the

weakness inherent in a survey questionnaire which had not been previously tested. Although our questions were written with this particular study in mind, there was no instrument available to test them for reliability or validity.

It is a fact that there are more women than men residents in retirement homes due to the women's longer life span. Our sampling showed, however, that over half of the women who filled out the questionnaire wished to work with children whereas none of the men did. Obviously our small number of respondents cannot be indicative of a definite trend so that gender comparisons of a larger population need to be studied. If indeed these studies show that fewer men wish to volunteer for activities with children, more research of the male attitude should be included in future studies. Furthermore, males might identify other areas such as manual arts which they and the children might enjoy.

None of the studies we reviewed reported any findings regarding the effects of having a diverse cultural background of the children and the adult volunteers. Amir (1969) did caution that adult racial prejudice was readily picked up by children and possibly mirrored back toward the adult. More studies of larger populations, including a wide mix of races, would be helpful to indicate if an inner city program or one involving more than one culture is being planned.

Both Seefeldt's study and ours showed that adults

definitely preferred having activities with younger children than with age groups (11 or above). While none of our questions asked about the respondents' previous experience with children other studies might explore these factors to determine if there is a significant relationship between previous experience and preference with a particular age group. This could give direction to those wishing to match volunteers with children of specific ages.

Only a few types of activities with children were listed as options in our questionnaire. In future studies one might include some open-ended questions in which the respondents could list a wider range of things they enjoy such as walks, visits to museums, and art work. If their suggestions were implemented, this could be a factor in the elderly person's willingness to volunteer. Thus, the enthusiasm they have for their favorite activity could be conveyed to the children for mutual enjoyment of both groups.

In conducting future studies it would be advantageous to encompass a larger and more diverse number of respondents. This might be accomplished by increasing the number of retirement homes used. These homes could be picked at random from lists of locations in desert and rural communities as well as suburban and inner-city areas.

To change the type of instrument for future studies, one could use more Likert-type questions. These suggest a

scale which would give a more accurate reading of the respondent's intensity of feeling, i.e., "strongly agree, agree, disagree, strongly disagree, and don't know." Open-ended questions could be helpful by giving the respondent the opportunity to express his opinions or make suggestions. By recruiting more male respondents our study would more equally represent the general population. If they were given more liberty in suggesting activities, perhaps men with a greater range of prior employment would volunteer. For children living in single households, especially those with absent fathers, these men could server as male role models and enhance the subject population.

Summary

Our study focused on factors which might influence elderly people living in retirement homes to want interaction with children. The concept of combining the older population with the younger generation as a stimulating and learning experience has been established.

The findings showed that most of the women who participated in our survey are interested in having occasional activities with children. On the other hand, the men did not show any interest in becoming involved. Because the study focused on a limited population (30 respondents) we have avoided making sweeping conclusions from the findings. However, our results were comparable to

Seefeldt's (1982) study of 1,000 respondents. Some of the factors which appeared to influence the retirees' desire to have activities with children were the children's age; the preferred age group was the 1-7 year olds. Another positive factor was feelings that this association would improve both their lives and the children's lives.

Surprising results were found, i.e., the seniors in fair-to-poor health appeared to want to have activities with children while those in good-to-excellent health did not. As previously stated, this and other factors included in the study need more in-depth research. It is important to note that despite the positive response, many respondents had difficulty comprehending how such a program could encompass such a variety of people having different physical capabilities.

With an increased focus on intergenerational activities and programs already in progress, more studies will certainly be conducted. These would be useful to guide and encourage those in this emerging field, and the mature adults and youngsters will be the ones who will benefit and learn from rich human resources.

APPENDIX A: Questionnaire

1. Identification Number____
2. Gender male____ female____
3. Age____
4. Please specify your ethnic background
 - 1____ Native American
 - 2____ Black/Afro American
 - 3____ White/Caucasian
 - 4____ Mexican American
 - 5____ Asian American
 - 6____ Other
5. What is your highest level of education?

6. Current marital status:
 - 1____ Married
 - 2____ Never married
 - 3____ Divorced/separated
 - 4____ Spouse deceased
 - 5____ Living with significant other
7. Do you have any children, if so how many?

8. In what year did you retire____?
9. Do you presently live with a spouse or someone else?
 - 1____ Yes 2____ No
10. How many years have you been living in a retirement home?

- 11a. Who would you say is the person you spend the most time with?
 - 1____ spouse
 - 2____ roommate
 - 3____ son/daughter

- 4___grandchildren
- 5___friend living in the same residence
- 6___no one
- 7___other

11b. About how many times a week do you see this person?

12. How would you rate the overall condition of your health at the present time?

- 1___Poor
- 2___Fair
- 3___Good
- 4___Excellent

13. Do you have any of the following problems?
If yes, please check all that apply.

- 1___hearing loss
- 2___vision loss
- 3___memory loss
- 4___mobility loss (for example, difficulty walking
or difficulty using your hands)

14. Have you recently (within the past 2-3 months) felt any of the following? Please check all that apply.

- 1___Depressed
- 2___Anxious
- 3___Lonely
- 4___Angry
- 5___Fearful
- 6___Resentful

15. To what extent would your present health problems interfere with activities with children (art projects, story telling, playing games...)?

- 1___Not at all
- 2___Somewhat
- 3___Very much

16a. Do you ever spend time with children?

Yes___(1) No___(2)

16b. If so, how many hours per week?

_____hours per week

17. Would you like to have activities with children such as story telling, picnics, etc,?

1___Yes 2___No

18. If so, what age group of children?

1___1 to 3 years old
2___4 to 7 years old
3___8 to 11 years old
4___12 to 15 years old
5___16 to 18 years old

19. How would being involved in organized activities with children affect your life?

1___Positively
2___Negatively
3___Not sure
4___Not at all
5___No answer

20. What impact do you think your participation in activities would have?

1___Would improve my life
2___Would improve the children's life
3___Don't know
4___Other _____

21a. Is getting emotionally attached to the children, one of your concerns?

1___Yes 2___No

21b. If so, would that stop you from being involved with them?

1___Yes 2___No

22. Do you think that mature adults and children should have more contact with one another?

1___Yes 2___No

23. I feel appreciated by today's society?

1___Strongly agree
2___Agree
3___Disagree
4___Strongly disagree

5___ Do not know

24. My life experience and wisdom would have a positive effect on a child's life?

1___ Strongly agree

2___ Agree

3___ Disagree

4___ Strongly disagree

5___ Do not know

25. How interested would you be to share stories and do activities at your residence with children from your community.

1___ Extremely

2___ Greatly

3___ Somewhat

4___ Not at all

APPENDIX B: Informed Consent

The survey in which you are being asked to participate is designed to explore your thoughts about how your life would be different if you had more contact with children. This study will be conducted in Residential Centers for mature adults (65+) in San Bernardino and Riverside County. This survey is being conducted by Sophie Walker and Raymond Vanek under the supervision of Dr. Rosemary McCaslin, Director of the Social Work Program at California State University.

In this study you will be asked to answer questions about being with children. There will be no right or wrong answers. You will not be asked any questions about your financial situation, activity programs, the retirement community, nor information that could compromise your current situation. Data will be stored in sealed envelopes.

Please be assured that any information you provide will be held in strict confidence. Your participation in this research is totally voluntary and you can stop at any time.

I acknowledge that I have been informed of, and understand the nature and purpose of this study. I freely consent to participate.

Participant's Signature

Date

APPENDIX C: Debriefing Statement

Thank you for your participation in this survey. Should you have any questions regarding the outcome of the study or if anything has troubled you about the study, please contact Sophie Walker, Raymond Vanek, or Dr. Rosemary McCaslin in the Social Work Department, California State University, San Bernardino at (909) 880-5501. You can call anytime during business hours. This survey questionnaire explored the possible impact of programs with children as part of the activities in a retirement community like yours.

If you would like more information regarding activities involving children you can talk to your Activity Director or call Senior Information referral at (909) 387-2423.

APPENDIX D: Institutional Authorizations

CHRISTIAN HERITAGE CARE CENTER

275 Garnet Way, Upland, California 91786

January 30, 1996

To whom it may concern:

Christian Heritage Care Center gives permission for Sophie Walker, a student in the MSW program at California State University in San Bernardino, to solicit voluntary residents for her research project.

The survey will explore different factors regarding intergenerational activities in a structured environment.

Sincerely,

Bruce Cameron
Administrator

Assisted Living Center
Phone (909)985-0924
FAX (909)949-8476

Skilled Nursing Center
Phone (909)949-4887
FAX (909)920-4008

MONTCLAIR ROYALE

9685 Monte Vista Avenue
Montclair, California 91763
(909) 621-3545
CA Lic # 360911114

Cal. State University
MSW Graduate Program
San Bernardino, CA.

RE: Sophie Walker
MSW Program

To whom it may concern:

I, Shirley Goldberg, Administrator, Montclair Royale Retirement Facility, do hereby give the above named student permission to interview our residents for her thesis.

It is my understanding that she wishes to gather information only. We are happy to assist in any way.

Respectfully,

Shirley Goldberg, ADM.

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